



Title: **Optimizing TPC Results**

Session: **W-2-1330**



Objective

- To provide attendees information that will assist them in assuring that the claims being submitted by their MTFs contain necessary information to allow timely payment and reduce re-bills and denials



Overview

- It's a Team Effort Throughout the MTF
- Gathering of Patient Demographics
- CHCS Data Entry
- Provider Chart Documentation
- Record Coding General – Data Quality
- Ancillary Services Coding – Data Quality
- Coding Audits
- Provider Table Accuracy
- NPI Numbers Internal and External Providers
- NDC Code Accuracy
- CHCS and TPOCS Tools



Gathering Patient Demographics

- Patient's name
- Patient's date of birth
- Patient's address
- Copy of patient's insurance ID card – Copy front and back
 - Identify plans that are not billable (TRICARE supplement plans, dental plans, vision plans, income protection plans, HSAs, and FSAs)
- Insured individual's name
- Effective date – termination date



Gathering Patient Demographics

- Insurance Company/PBM (Pharmacy Benefit Manager) Name
 - Medical
 - Rx
- Subscriber/Patient ID #
 - Many are no longer SSNs due to HIPAA, and many have a distinct subscriber identifier for each person on the plan – Example 2-digit (01)
- Plan Code
- Group #



Gathering Patient Demographics

- RX Bin # (electronic pharmacy claims only – drives claim to proper payer)
- PCN # (processor control number – electronic pharmacy claims only – allows claim to be directed properly for adjudication)
- Claims Filing Address
 - Medical Claims
 - Rx Claims



CHCS Data Entry

- Enter Verified Information Only
- OHI/SIT
 - Monitor updates
 - Placeholder HIC ID – corrections
- Occupational Visits
 - Determine when not billable to health plans
 - Specific MEPRS Code for this service
 - Correct PATCAT assignment



Optimizing TPC Results

Documentation – (Billers do not own the coding function, but being aware of the items listed below is extremely helpful. Communication with Coding personnel at the MTF is critical to being able to submit accurate billings to insurance plans)

- Provider document ALL services rendered
- Provider ordering level of care
 - Basis (medical necessity)
 - Inpatient vs. Observation
- Coding Audits – Pre Billing? (How is CCE being used?)
- Statistical Reports
- Education and Training from UBO/RMO/PAD/Finance and UM for providers and clinical staff



Optimizing TPC Results

Coding - General (Billers do not own the coding function, but being aware of the items listed below is extremely helpful. Communication with Coding personnel at the MTF is critical to being able to submit accurate billings to insurance plans)

- Code Only What Is Documented
 - (If not documented, it did not happen)
- Audit and Educate
- 24-Hour or Less Stays
 - (Insurance companies cannot see charts when authorizing stays when pre-cert or Utilization Mgmt calls are made)
- Inpatient/Outpatient Overlap



Optimizing TPC Results

Coding Ancillary Services – (Billers do not own the coding function, but being aware the items listed below is extremely helpful. Communication with Coding personnel at the MTF is critical to being able to submit accurate billings to insurance plans)

- Internal providers educate on linking ancillary care when ordered from a clinical encounter
- Use DX data from Civilian Ordering Provider (request it if not provided generally on the order slip)
- Reflect Actual Service, Not General
- CPT Code Book (Annual updates – deletions and additions)



Provider Profiles

- Specialty
- Non-Privileged Provider vs. Privileged Provider
- Supervising Providers Properly Used in Provider Profiles
- DEA Codes
- License #
- HIPAA Taxonomy Code
- NPI #
 - NPPES Web site-
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>



Pharmacy Items

- NDC Items
 - Frequency of NDC Code Updates in CHCS
 - Ownership of updates
 - Accuracy of Pharmacy item selected
 - Expired items – zero \$ – no rate
- Days Supply and Quantity
 - Monitor \$ value on claims
- Providers listed accurately (not facility or General Medical Officer)



Pharmacy Items

- Pharmacy Conversion issues
 - Lotions, creams, insulin, inhalers, etc.
- Pre Authorization
 - High-\$ pharmaceuticals increasing
 - High-volume usage pharmaceuticals



CHCS and TPOCS Tools

- Null NPI Reports
 - Identify who at MTF is responsible for pulling this report
 - Identify who at the MTF is responsible for acting on this data
 - Identify who is monitoring that the data is being acted on
- IPROV FILE RETRIGGER – *30 seconds to complete*
NOTE: This cannot be automated; someone must be present to run; prompt requires response
 - Identify frequency – suggest weekly
 - Identify who is responsible for performing this task
 - **CA-DAA-CFT-CFM-CFS-INIP** (pathway for retrigger)
- OHI SUBSCRIPTION CURRENCY? (TMA instructions on this)



Laboratory Items

- Responsible Pathologist Change
 - Communicate with Lab leadership that TPC office should be informed when change occurs. Provide the office with the following information:
 - End date of prior provider
 - Beginning date for new provider
 - Documentation that the new provider has been added in the CHCS Provider profile with NPI and other necessary information
 - **Assure that Lab leadership make necessary change in DEEP LAB Element**
 - **LWE functions within CHCS ADD/Edit function. *NOTE: Not everyone has CHCS security keys to do this update***

Inactivating the prior responsible pathologist in the Provider Profile element of CHCS is not sufficient to stop them appearing on the TPC claims



Most Frequent Reasons for Non-Payment

- Non-Participating Provider
- Medicare EOB Required
- Unable to Identify Patient as Eligible Subscriber
- Service/Drug Not Covered Under Plan Benefits
- Pre Authorization Not Obtained Prior to Service Delivery
- Referral for Care from Plan's Provider Not Obtained
- Duplicate Claim
 - *Ancillary care not linked in CHCS when ordered can cause this*



Incorrect/Insufficient Data

- Cause MTF billing staff to facilitate claim manually
 - *Examples: null NPI, invalid or expired NDC codes*
- Cause Staff Frustration
- Cause Payer Denials
- Cause Claim Rejections
- Cause Slow-down in Payment
- Cause Payers to Question Credibility of Future Claims Submitted
- Cause Questions from Leadership



Communicate and Educate Partners

- Leadership at MTF
- Providers
- Ancillary Areas: Laboratory, Radiology, Imaging, and Pharmacy
- Check-In Personnel
- Coders and Coding Auditors
- UBO/RMO/PAD/Finance Office Personnel
- Systems Personnel – CHCS and TPOCS
- Payers and PBMs (Pharmacy Benefit Managers)



Celebrate and Inform

- Make Suggestions
- Listen to Suggestions
- Partner with Your TPC/OHI Staff
- Provide Briefings on Outcomes and Impact
- Monitor when Changes Are Made
- Provide Feedback
 - *SUCCESS & areas of remaining opportunity*



Questions

QUESTIONS?